

Attorney's Docket No. MV-532-L

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## COMBINED DECLARATION AND POWER OF ATTORNEY

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As a below named inventor, We hereby declare that:

### TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

### INVENTORSHIP IDENTIFICATION

Our residence, post office address and citizenship are as stated below next to our names, We believe we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### TITLE OF INVENTION

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**METHOD FOR DIAGNOSING HARDWARE  
CONFIGURATION IN A CLUSTERED SYSTEM**

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### SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
- (b) ☐ was filed on \_\_\_\_\_ as ☐ Serial No.  
or ☐ Express Mail No., as Serial No. not yet known

### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

We hereby state that we reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment referred to above.

We acknowledge the duty to disclose information

- which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

#### POWER OF ATTORNEY

We hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

ALFRED W. KOZAK, REG. NO. 24,265  
MARK T. STARR, REG. NO. 28,762

RECEIVED

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SEND CORRESPONDENCE TO

ALFRED W. KOZAK  
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DIRECT TELEPHONE CALLS TO:  
(Name and telephone number)

ALFRED W. KOZAK  
(858) 451-4615

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#### DECLARATION

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

# SIGNATURES

Full name of first inventor

Steven

(GIVEN NAME)

George

(MIDDLE INITIAL OR NAME)

Skinner

FAMILY (OR LAST NAME)

Inventor's signature

Steven George Skinner

Date

8/23/01

Country of Citizenship

USA

Residence

31902 Stoney Creek Road, Trabuco Canyon, California 92679

Post Office Address

Same as above

DECLARATION

Full name of second inventor:

Donna Lynn Goodman  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature Donna Lynn Goodman

Date 8/23/01 Country of Citizenship USA

Residence 8 Morning Mist, Irvine, California 92612

Post Office Address Same as above

DECLARATION